



HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Alonzo L. Plough, Ph.D., MPH, Director and Health Officer

## REQUEST FOR VARIANCE FOR WATER RECREATION FACILITY

Date \_\_\_\_\_ Fee Enclosed For a Review of the Variance Request (\$300/Each Individual Facility)

NAME OF FACILITY \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Type of Facility ( ☐ Pool ☐ Spa ☐ Wading Pool ☐ Spray Pool ☐ Water Contact Facility )

(Note:----For Multiple Facilities at Same Site-Include the Variance Fee for each facility you are requesting a variance. )

Person to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I am requesting a variance from the following code requirement(s): \_\_\_\_\_

I am unable to comply because \_\_\_\_\_

I will make the necessary corrections to bring the facility in compliance by \_\_\_\_\_ (Date) with  
Schedule of Work Completion Attached), **and/or**

I will do the following to protect adequate public health and safety procedures: \_\_\_\_\_

Pool Owner (Print Name) \_\_\_\_\_

Date \_\_\_\_\_

Pool Owner Signature \_\_\_\_\_

### AGENCY RESPONSE AREA-----DO NOT WRITE BELOW THIS LINE

PR#: \_\_\_\_\_ SR#: \_\_\_\_\_ P/E number (S504) \_\_\_\_\_

VARIANCE ACCEPTED \_\_\_\_\_  
(Signature of EHS Supervisor)

Program Coordinator Concur \_\_\_\_\_

VARIANCE DENIED \_\_\_\_\_  
(Signature of EHS Supervisor)

WA DEPT. HEALTH Concur \_\_\_\_\_

Comments/Reasons: \_\_\_\_\_

### ENVIRONMENTAL HEALTH DISTRICT OFFICES

ALDER SQUARE  
1404 Central Avenue S, Suite 101  
Kent, WA 98032

NORTHSHORE  
10808 NE 145<sup>th</sup> Street  
Bothell, WA 98011

DOWNTOWN  
2124 4<sup>th</sup> Avenue, 4<sup>th</sup> Floor  
Seattle, WA 98121

#### Water Recreation and School Programs - Environmental Health Division

2124 4<sup>th</sup> Avenue, 4<sup>th</sup> Floor • Seattle, WA 98121

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City of Seattle  
Gregory J. Nickels, Mayor



King County  
Ron Sims, Executive